



First Impressions Are Everlasting

ADOPT-A-SPOT ACTIVITY WAIVER OF LIABILITY, RELEASE AND INDEMNIFICATION FORM

In consideration of the acceptance of my participation in the Activity:

1. I, as a representative of _____, hereby agree to comply with all the rules and regulations and event instructions of the activity **ADOPT-A-SPOT** and it's agents.
2. For myself, my executors, administrators, heirs, next of kin, successors, and assigns, I hereby:
 - (a) Waive and release any and all claims that I may have against the activity, its committee, it's officers, directors, members, volunteers, employees, agents, and any one or more of them or their executors, administrators, heirs, next of kin, successors, or assigns ("the releasees") including any and all claims for damage caused by the negligence of any of them, arising out of my participation in the event and its related activities, together with any costs including attorney's fees that may be incurred as a result of any such claims, whether valid or not, and
 - (b) Indemnify and hold harmless the releasees and each of them against any such claim that I or my guests or any one of more of my/our or their executors, administrators, heirs, next of kin, successors or assigns may have or assert and against any costs including attorney's fees with respect thereto.
3. I hereby acknowledge that I have sole responsibility for my personal possessions and equipment during the activity and its related activities.
4. I hereby acknowledge that participation in the activity carries with it potential hazards, including death. With knowledge of these hazards, I therefore release the activity, its committee, their officers, directors, members, volunteers, employees, and sponsors of any and all liability surrounding any injury or my death during the activity.
5. I hereby attest and verify that I am physically fit to participate in this event.
6. I hereby attest and verify that I have adequate health and disability insurance sufficient to cover any and all physician, medical, hospitalization and all related costs that I may sustain as a result of injury, accident or sickness during the event and its related activity,
7. I hereby consent to receive medical treatment at my cost, which may be deemed advisable in the event of injury, accident and/or illness during the activity.
8. I hereby permit the free use of my name and picture in broadcasts, telecasts and the press as they pertain to the activity.

(Printed or typed name of representative/participant)

(Printed or typed name of AAS Program Coordinator)

(Signature of participant)

(Signature of AAS Program Coordinator)

(Date)

